FORM D

UNITED STATES

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

B

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number: 3	3235-0076						
Expires April 30,							
Stimated average burden							
ours per response: 16.00							

	SEC U	SE ONLY	
Prefix		Serial	
	-		
	DATE F	RECEIVED	
	1		
			_

Name of Offering (check if this is an amendment and nam Sprucegrove: Non-US Equity LLC (f/k/a Goldman Sachs Company Units	e has changed, and indicate change.) GMS International Equity Adviser	s 2 (Sprucegrove), L.L.C.): Limited Liability
Filing Under (Check box(es) that apply): Rule 504	☐ Rule 505 ☑ Rule 506	☐ Section 4(6) Wail ☐ rogeouing
Type of Filing: ☐ New Filing ☑ Amendment		Section
A. BAS	IC IDENTIFICATION DATA	<u> </u>
Enter the information requested about the issuer		Hill I Read
Name of Issuer (check if this is an amendment and name	e has changed, and indicate change.)	
Sprucegrove: Non-US Equity LLC (f/k/a Goldman Sachs	GMS International Equity Adviser	rs 2 (Sprucegrove), ashington, DC
Address of Executive Offices (Number and S	Street, City, State Zip Code)	Telephone Number (including Area Code)
One New York Plaza, New York, New York 10004		(212) 902-1000
Address of Principal Business Operations (Number and	d Street, City, State and Zip Code)	Telephone :
(if different from Executive Offices)	DDOOFCCF	E INGUIN ANGERTANIA BRITA ATALA BRITA
Brief Description of Business	- PROCESSEL	
To operate as a private investment fund.	APR 242008	08046605
Type of Business Organization	THOMSON DEITH	
	partnership, THOMSON REUTE	
□ business trust □ limited	partnership, to be formed	Limited Liability Company
Actual or Estimated Date of Incorporation or Organization:	Month Year 0 5	☑ Actual ☐ Estimated
	wo-letter U.S. Postal Service abbrevia N for Canada; FN for other foreign ju	
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 ct seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or Managing Partner
Full Name (Last name first, if individual)
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Asali, Omar M.
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, New York 10004
Check Box(cs) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Managing Member ☐ Managing Partner
Full Name (Last name first, if individual)
Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Managing Member ☐ Managing Partner
Full Name (Last name first, if individual)
Gottlieb, Jason
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, New York 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Ort, Peter
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, New York 10004
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or * of the Issuer's Managing Member ☐ Managing Partner
Full Name (Last name first, if individual)
Ross, Hugh M.
Business or Residence Address (Number and Street, City, State, Zip Code)
One New York Plaza, New York, New York 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

				B. INI	ORMAT	ION ABO	UT OFFE	ERING				
							•	-			Yes	No
1. Has the	e issuer sold	l, or does th	e issuer inte	end to sell, t	o non-accre	edited invest	ors in this	offering?				◩
	_		A	answer also	in Appendi	x, Column ?	2, if filing u	inder ULOE	i .			
2. What i	s the minim	um investm	ent that wil	l be accepte	d from any	individual?					\$	*
			er may in it	s sole discr	etion accep	t subscript	ion amoun	ts in whate	ver amount	i it		
	s is accepta				1.0						Yes ☑	No □
		-	ownership								ίζΩ	LJ
4. Enter	the informa	tion reques	ted for eacl eration for s	n person w	ho has been	n or will be	paid or gi	iven, direct	ly or indire	ctly, any		
If a per	rson to be li	sted is an a	ssociated po	rson or age	nt of a brok	er or dealer	registered v	with the SE	C and/or wi	th a state		
or state	es, list the n	ame of the	broker or de	ealer. If mo	re than five	(5) persons	to be liste	d are associ	ated person	s of such		
a broke	er or dealer,	you may se	t forth the i	ntormation	tor that bro	ker or deale	r only.		<u>~~</u>			 .
Goldman,	Sachs & C	0.*										
*Although	ı the securi	ties will be	sold throug	gh Goldma	n, Sachs &	Co., no cor	nmissions v	will be paid	, directly o	r indirectly	, for solicit	ing any
purchaser	in any juri	isdiction.								 .		
Business o	r Kesidence	Address (f	Number and	Street, City	, State, Zip	Code)						
			w York 10	004								
Name of A	ssociated B	roker or De	ealer									
States in V	Vhich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						n G
-	All States" o	or check ind										Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO] [PA]
[MT]	[NE]	[NV]	[NH]	[NJ]	(NM)	[NY]	[NC]	[ND]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PR]
[RI]	[SC] (Last name	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]_	[w v]	[** 1]	[44.1]	[1 K]
run Name	(Last name	: mst, m mu	iividuai									
Business	r Residence	Address ()	Number and	Street, City	v. State. Zin	(Code)						
Dusmess	, residence				,,,	,						
Name of A	Associated E	Broker or De	ealer			·						
					G 11 1 D							
			s Solicited lividual Stat						.,		🗆 AI	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[ປາ]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	lividual)	-		-				-	-	
Business of	or Residence	e Address (l	Number and	Street, Cit	y, State, Zip	Code)				•		_
Name of A	Associated E	Broker or De	ealer							.		
			as Solicited				-			•		All States
•										[CA]		[ID]
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[MO]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [NĐ]	[OH]	[OK]	[OR]	[PA]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. ,	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		A	smount Already Sold
	Debt	\$_	0	\$	_	0
	Equity	\$	0	\$		0
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	\$_	0	\$		0
	Partnership Interests		0	\$		0
	Other (Specify): Limited Liability Company Units	\$_	530,132,139	\$	_	530,132,139
	Total		530,132,139	\$		530,132,139
	Answer also in Appendix, Column 3, if filing under ULOE.	_				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggregate
			Number Investors			Dollar Amount of Purchases
	Accredited Investors	_	248	\$	_	530,132,139
	Non-accredited Investors	_	0	\$	_	0
	Total (for filings under Rule 504 only)	_	N/A	\$		N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of			Dollar Amount
	Type of offering		Security	•		Sold
	Rule 505	_	N/A	\$		N/A
	Regulation A	_	N/A	\$	_	N/A
	Rule 504	-	N/A	\$	_	N/A
	Total	_	N/A	\$	_	N/A
th th	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$	_	0
	Printing and Engraving Costs			\$	_	0
	Legal Fees		Ø	\$	_	78,012
	Accounting Fees			\$	_	0
	Engineering Fees			\$		0
	Sales Commissions (specify finders' fees separately)			\$		0
	Other Expenses (identify)			\$		0
	Total		囟	\$	_	78,012

C. OFFERING PRICE, NUMB	ER OF INVI	ESTORS, EX	PENS	ES A	AND USE OF P	KOCE	EDS	-
 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 								530,054,127
 Indicate below the amount of the adjusted gross p to be used for each of the purposes shown. If the furnish an estimate and check the box to the le payments listed must equal the adjusted gross proc to Part C - Question 4.b. above. 	amount for any eft of the estin	purpose is not pate. The total	known	ı, e				
					Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees		***************************************	. 🗆	\$_	0		\$_	0
Purchase of real estate				\$_	0		\$_	0
Purchase, rental or leasing and installation of mach	ninery and equip	ment		\$_	0		\$_	0
Construction or leasing of plant buildings and faci	lities		. 🗆	\$_	0		\$_	0
Acquisition of other businesses (including the va this offering that may be used in exchange for another issuer pursuant to a merger)	the assets or	securities of	. 🖪	s	0		\$	0
,				\$ - \$	0	- "	Ψ-	0
Repayment of indebtedness				_		_		0
Working capital Other (specify): Limited Liability Company Uni				\$_	0		\$ _	
				\$ _	0	_ 🗹	\$_	530,054,127
Column Totals	***************************************	***************************************	. 🗖	\$ _	0	_ 🗹	\$_	530,054,127
Total Payments Listed (column totals added)					☑ \$	530,0	54,12	7
	D. FEDERA	AL SIGNATU	JRE	•				
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the of its staff, the information furnished by the issuer to	e issuer to furni	sh to the U.S.	Securit	ies an	id Exchange Com	mission,	, upor	er Rule 505, the written reques
Issuer (Print or Type)	Signature				Date			
Sprucegrove: Non-US Equity LLC (f/k/a Goldman Sachs GMS International Equity Advisers 2 (Sprucegrove), L.L.C.)	Caroline	Kraus			April <u> 4</u> , 2008			
Name of Signer (Print or Type)		(Print or Type)		Man	raina Mambar			

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).